

Vonda M. Wallace  
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)	10/088717			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17			/				67			
18			/				68			
19			/				69			
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21			/				71			
22			/				72			
23			/				73			
24			/				74			
25			/				75			
26			/				76			
27			/				77			
28			/				78			
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30			/				80			
31			/				81			
32			/				82			
33			/				83			
34			/				84			
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36			/				86			
37			/				87			
38			/				88			
39			/				89			
40			/				90			
41			/				91			
42			/				92			
43			/				93			
44			/				94			
45			/				95			
46			/				96			
47			/				97			
48			/				98			
49			/				99			
50			/				100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			